UROLINK

PROMOTING UROLOGICAL CARE AND EDUCATION WORLDWIDE

Visit report	
Country visited	**Ethiopia**
Institution or workshop	**Hawassa University Comprehensive Surgical Hospital**
Dates of visit	**10-18th February 2023**
Team members	**David Dickerson** **Paul Anderson** **Steve Payne**

Travel

- Heathrow to Addis (7 hours overnight) then Addis to Hawassa (35 minutes); 5-hour layover during transfer in Bole airport. Booked through SP's travel agent in Manchester.
- Ethiopian eVisa is straightforward, costs $52, is available online and takes about 48 hours to process; print a copy of the visa out to take with you as you go through immigration. Ensure you get your passport checked and stamped – do not go through to international transfers and then make your way to terminal 1, as you can pass without going through immigration. This cause significant problems when it comes to leave!
- 2 x23Kg baggage allowance and 7Kg hand baggage + 5Kg of other carry onables (laptop etc.). Despite ensuring at Heathrow that our luggage was booked all the way through to Hawassa, none of it arrived. **In future we would always advise checking the carousel in Addis to ensure the luggage hasn't been offloaded before**

proceeding to domestic terminal 1. Three of the 4 bags were returned later the same evening, but one of Paul's bags didn't come back for another 2 days. This was a cause of a lot of difficulty and irritation as even toothbrushes aren't easily available via the hotel.

- Pick up was organized via the University and we paid for a taxi to return to the airport (around ETB 1,700).

Accommodation and locality

- Single room accommodation was provided for free by the University at the Oasis International Hotel. Surprisingly this was full board, so meals taken in the hotel cost nothing. Drinks were at individual expense.
- Water was provided at the hospital, but lunch wasn't except when provided by sister Yeshi; thank you Yeshi!
- ATM was available at Bole airport on arrival and outside both the hospital and Oasis international. You seem only be able to withdraw a max of ETB 6,000, but this is likely to be enough for a week in most circumstances.
- A cab or Bajaj to/from the hospital cost ETB 3-400.
- The locality is well known to us and provides several other opportunities to eat at in the immediate vicinity of the hotel. The Lewi resort remains a firm favourite.
- One of the things that have become almost blasé about, but which shouldn't be forgotten, is our dependence on being well whilst abroad. Despite fastidious attention to hand hygiene, and being careful where we ate and drank, we all had digestive problems. Steve was pretty unwell at the beginning of the week and both Paul and David were sub-optimal at patches throughout the workshop. Whether this was due to change of water, food or temperature is difficult to know but reaffirmed the necessity to have medication with you to treat traveler's diarrhea, as well as a good knowledge of toilet availability and a supply of tissue! We would suggest that a supply of Imodium and ciprofloxacin are probably also essential.

Hospital politics

- There are now 3 consultants in urology and a number of attached junior staff, including some on unofficial fellows from other countries. HUSCH is now accredited as a training center for urology by COSECSA, so there is the possibility of expansion with time and when funding becomes available.
- Although instrumentation remains a significant issue the availability of flexible endoscopes, courtesy of Suzie Venn, made treatment planning considerably easier. However, the availability of an easily utilizable flow/instrument port limited the 'scopes functionality.
- Frugal innovation, reuse of equipment, demonstrated some of the issues with repetitive utilization of single use items. In particular, hydrophilic coatings on guidewires and S-dilators had worn off which meant there was significant friction in their use.
- Facilities remain basic, although the electricity supply on this occasion was much more reliable than previously.
- There was a palpable improvement in the professionalism of the theatre staff, who were engaged and committed; there has been a culture of incentivizing them to start early so that they finish early!

- The attitude towards training is excellent, and trainees were actively involved, although they could have scrubbed in more than they did. However, they did have a urology service to run whilst the workshop was ongoing.

Clinical interactions

- There was significant improvement in the organization of cases and activity, which was almost certainly reflective of the number of people in the unit.
- There were daily ward rounds in the afternoon which determined the operating schedule for a day or two ahead**. A comprehensive method of recording the patients, and their clinical problems is essential to ensure their safety.** A notebook and pen, at the very least is essential, and a means of archiving images is advisable

Getch, Tilaneh, Paul and David doing a ward round

- There was great service from the anaesthetic team and general anaesthesia was provided when required. This included the use of nasal intubation, which was great when taking buccal grafts.

- 26 cases were discussed and
- 3 determined not to be appropriate for further consideration.
- 23 patients had 11 flexible endoscopies and 20 patients 21 definitive procedures.

The week was slow to start due to problems with bed availability, but the pace picked up as the week progressed. The daily tally of operative cases is shown below:

Session	**Stricture**	**Surgeons**	**Proc 1**	**Proc 2**
Day 1 13/02/2023	Prox Bulb	TL & DD	Flexi	EPA
	Prox Bulb	GT & PA	Flexi	EPA
	Prox Bulb	TL & SP	Flexi	Dorsal Augmented Anastomotic
Day 2 14/02/2023	Prox Bulb Long penile	PA & GT	1st stage augment	Ventral Augment

	Mid Bulb	DD & resident	Flexi	Dorsal augment
	Prox Bulb	SP & TA	Flexi	EPA
Day 3 15/02/2023	Proximal Bulb	GT & PA	Flexi	EPA
	PU	GT	Flexi	
	Mid-Bulb	PA & TL	EPA	
	Peno-Bulbar	TA & DD	UD	DIVU
	Mid-bulb	DD & TA	EPA	
Day 4 16/02/2023	? mid bulb	DD	Flexi	
	Prox Bulb	DD	Flexi	
	? prostatic	DD	Flexi	
	Secondary PFUD	GT & PA	Secondary BPA	
	Prox Bulb	TL & DD	Primary BPA	
	Prox Bulb	TL & SP	Dorsal Augmented Anastomotic	
Day 5 17/02/2023	Prostatic	TL & SP	SP cystoscopy	Bladder biopsy
	Penile fistula	TA & SP	Closure	
	Penile	GT & SP	Marsupialisation	
	Prox Bulb	DD & TA	Dorsal augment	
	Primary PFUD	PA & TA	Primary BPA	
	Secondary PFUD	PA & D	Secondary BPA	
	Primary PFUD	TL & DD	Primary BPA	
	Primary PFUD + penile	PA & TA	Primary BPA	TV/D augment

Key **TA = Tizazu** Abebayehu**, TL = Tilaneh Leyeh, GT = Getanah Tesfye Terafi, D = Demake, PA = Paul Anderson, DD = David Dickerson, SP = Steve Payne**

Steve with Tizazu and Paul with Tilaneh, operating

All the local team were involved operatively, and two observers, Dr Demake and Dr. Antennah were also present in theatre.

Surgeon	1º	2º
Tizazu Abbayehu	2	6
Tilaneh Leyeh	6	1
Getana Terafi	6	1
Demake		1
Resident		1
Paul Anderson	5	3
David Dickerson	6	4
Steve Payne	1	5

The primary and secondary surgeons during the workshop

Social interactions
The team were generously treated to dinner at Villa Alpha by Getch on the Saturday evening of our arrival, and to supper at home, by Tizazu and his lovely wife, on the Thursday evening.

Tizazu and Tilaneh relaxing with David

Knowing the area, a considerable amount of time was spent at the Lewi resort just up from the Oasis and at Venezia, the Italian restaurant just opposite the hotel. There was no need to venture further afield for an evening meal. We did, however, discover a free entry to an open-air space with lake access between Oasis and Lewi which was a great place to just go and chill-out at. The locality still felt safe, and it was reasonable to walk around in a group at night.

A concluding overview
We felt that this was a very good visit, which allowed a lot of first operator training for the local consultants, who were otherwise first assistant in all the major reconstructive cases. There is significant local expertise in managing complex urethral surgery in Awassa and with an increase in manpower it is likely to see that expertise disseminated by the inhouse team. In the future that dissemination could be to a wider regional urological or even beyond those borders. The following are notable:

- The quality of urethrography has substantially improved and the mechanisms for sharing X-ray information via a PACS system has helped enormously.
- The theatre complex is about to undergo a renovation with an expansion of theatre availability for the urology service; the ward has just been upgraded.
- There remains a significant shortage of endoscopic equipment, peripheral instrumentation, and disposables, but the acquisition of the ‘Worthing’ flexible endoscopes has dramatically helped diagnostic ability.

Renovation work in the ward areas. The scaffolding is ideal for fracturing your pelvis!

Awassa is becoming the regional centre for training, and an ideal place for the dissemination of urological expertise. It does, however, continue to need investment in the following:

- simple diagnostic equipment such as a flow meter and bladder scan
- designated junior staff
- significant investment in endoscopic equipment for stone management

before it can attain the status of an ‘all-providing’ regional training center. It is, however, on its way and has made very significant strides forward since our first visit 6 years ago!

Thanks

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Getch, Tilaneh, Tizazu and all the junior staff at HUCSH for their hard work in getting the patients in and ready for theatre
Yeshi and all the theatre team for being so professional
The anaesthetic staff for delivering a high-quality service

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